Comprehensive Health Assessment

17 to 20 Years Old	Actual Age:	Date:	
Medical Record #			
Gender	☐ Male ☐ Female		
Accompanied By	☐ Self ☐ Parent ☐ Other:		
Primary Language			
Interpreter Requested	☐ Yes ☐ No ☐ Refused Interpreter Name:		
Intake		**Vital Signs**	
Allergies		Temp	
Height		BP	
Weight		Pulse	
BMI Value		Resp	
BMI %			
Pain	Location: Scale: 0 1 2 3 4 5 6 7 8 9 10		
Hearing Screening	☐ Responded at ≤ 25 dB at 1000-8000 frequencies in both ears ☐ Non coop		
Vision Screening	OD: OS: OU: ☐ Non coop		
Dental Provider	Last visit date:		
Advance Directive Info given/discussed	☐ Yes ☐ Refused Starting at 18 Years Old		
Chronic Problems/Significant Conditions: ☐ See Problem List			
Current Medications/Vitamins: ☐ See Medication List			
☐ Taking 0.4 to 0.8 mg of folic acid daily (females of reproductive age)			
Interval History			
Diet / Nutrition	☐ Regular ☐ Low calorie ☐ ADA ☐ Iron-rich foods ☐ Other:		
Appetite	☐ Good ☐ Fair ☐ Poor		
Physical Activity	☐ Inactive (little or none) ☐ Some (< 2 ½ hrs/week) ☐ Active (≥ 60 min/day) ☐ Fainting ☐ Sudden seizures ☐ SOB ☐ Chest pain		
Weight ☐ Loss ☐ Gain	_____ lbs ☐ Intentional ☐ Unintentional		
Vaccines Up to Date	☐ Yes ☐ No ☐ See CAIR		
Sexually Active	☐ Yes ☐ No ☐ Multiple Partners ☐ MSM		
Contraceptive Used	☐ None ☐ Condoms ☐ Other:		
LMP (females):	G☐ P☐ A☐	☐ Menorrhagia	
Current Alcohol / Substance use	☐ None	☐ Alcohol	
☐ Drugs (specify):	☐ IV Drugs (or past Hx)	☐ Tobacco / Vape Packs/day:	

Name: DOB:

Family History	☐ Unremarkable	☐ Diabetes
☐ Heart disease	☐ HTN	☐ Asthma
☐ High cholesterol	☐ Cancer	☐ Family Hx of unexpected or sudden death < 50 YO
☐ Other:		
Psychosocial & Behavioral Assessment, Family/ Social Factors	☐ WNL - Stable relationships w/ social/emotional support ☐ Changes in family since last visit (move, job, death) ☐ Problems with housing, food, employment ☐ Family stressors (mental illness, drugs, violence/abuse)	
Lives with	☐ 1 Parent ☐ 2 Parents ☐ Other:	

AAP Risk Screener	Screening Tools Used	Low Risk	High Risk (see Plan/ Orders/AG)
Alcohol Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Anemia	☐ H&P, ☐ Other:	☐	☐
Dental (cavities, no dental home)	☐ H&P, ☐ Other:	☐	☐
Depression	☐ PHQ-9A, ☐ H&P, ☐ Other:	☐	☐
Drug Misuse	☐ SHA, ☐ CRAFFT, ☐ H&P, ☐ Other:	☐	☐
Dyslipidemia	☐ H&P, ☐ Other:	☐	☐
Hepatitis B	☐ H&P, ☐ Other:	☐	☐
Hepatitis C	☐ H&P, ☐ Other:	☐	☐
HIV	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Intimate Partner Violence	☐ ACEs, ☐ PEARLS, ☐ H&P, ☐ Other:	☐	☐
Psychosocial / Behavioral	☐ PSC-Y, ☐ H&P, ☐ Other:	☐	☐
Sexually Transmitted Infections	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Sudden Cardiac Arrest	☐ H&P, ☐ Other:	☐	☐
Suicide	☐ ASQ, ☐ PHQ-9A, ☐ Other:	☐	☐
Tobacco Use / Exposure	☐ SHA, ☐ H&P, ☐ Other:	☐	☐
Tuberculosis Exposure	☐ TB Risk Assessment, ☐ H&P, ☐ Other:	☐	☐

Growth and Development / School Progress		
☐ Hobbies / work	☐ Plays sports	☐ Plays / listens to music
☐ School achievement / attendance	☐ Acts responsibly for self	☐ Takes on new responsibility
☐ Improved social skills; maintains family relationships	☐ Sets goals & works towards achieving them	☐ Preparation for further education, career, marriage & parenting

Physical Examination		**WNL**
General appearance	Well-nourished & developed No abuse/neglect evident	☐
Head	No lesions	☐
Eyes	PERRLA, conjunctivae & sclerae clear Vision grossly normal	☐
Ears	Canals clear, TMs normal Hearing grossly normal	☐

Comprehensive Health Assessment

Nose	Passages clear, MM pink, no lesions	☐
Teeth	No visible cavities, grossly normal	☐
Mouth / Pharynx	Oral mucosa pink, no lesions	☐
Neck	Supple, no masses, thyroid not enlarged	☐
Chest / Breast (females)	Symmetrical, no masses Tanner stage: ☐ I ☐ II ☐ III ☐ IV ☐ V	☐
Heart	No organic murmurs, regular rhythm	☐
Lungs	Clear to auscultation bilaterally	☐
Abdomen	Soft, no masses, liver & spleen normal	☐
Genitalia	Grossly normal Tanner stage: ☐ I ☐ II ☐ III ☐ IV ☐ V	☐
Male	Circ / uncircumcised, testes in scrotum	☐
Female	No lesions, normal external appearance	☐
Vaginal exam	Done or completed elsewhere OB/GYN name:	☐
Femoral pulses	Normal	☐
Lymph nodes	Not enlarged	☐
Back	No scoliosis	☐
Skin	Clear, no significant lesions	☐
Neurologic	Alert, no gross sensory or motor deficit	☐

Subjective / Objective

Assessment

Plan

Referrals

☐ Dentist	☐ Optometrist/ Ophthalmologist	☐ Dietician/ Nutritionist
☐ Drug / ETOH Tx rehab	☐ Behavioral health	☐ Tobacco cessation class
☐ CA Children's Services (CCS)	☐ Regional Center	☐ Early Start or Local Education Agency
☐ OB/GYN	☐ Other:	

Orders

☐ COVID 19 vaccine	☐ Hep B Panel (if high risk)	☐ CBC / Basic metabolic panel
☐ Hep B vaccine (if not up to date)	☐ Hep C Antibody test (at least once ≥ 18 YO)	☐ Hct / Hgb (yearly if menstruating)
☐ HPV vaccine (if not up to date)	☐ Rx for folic acid 0.4-0.8mg daily (females)	☐ Lipid panel (once between 17-21 YO)
☐ Influenza vaccine	☐ Chlamydia ☐ Gonorrhea	☐ PPD skin test ☐ QFT
☐ Meningococcal vaccine (if not up to date)	☐ HIV ☐ Herpes	☐ CXR ☐ Urinalysis
☐ MMR (if not up to date)	☐ Syphilis ☐ Trichomonas	☐ ECG ☐ COVID 19 test
☐ Tdap	☐ Other:	

Name: DOB:

Anticipatory Guidance (AG) / Education (√ if discussed)

Diet, Nutrition & Exercise

☐ Weight control / obesity	☐ Vegetables, fruits	☐ Lean protein
☐ Whole grains / iron-rich foods	☐ Limit fatty, sugary & salty foods	☐ Limit candy, chips & ice cream
☐ Physical activity / exercise	☐ Healthy food choices	☐ Eating disorder

Accident Prevention & Guidance

☐ Alcohol/drug/substance misuse counseling	☐ Social media use	☐ Transitioning to adult provider
☐ Routine dental care	☐ Avoid risk-taking behavior	☐ Independence
☐ Signs of depression (suicidal ideation)	☐ Gun safety	☐ Personal development & goals in life
☐ Intimate partner violence	☐ Violent behavior	☐ Academic or work plans
☐ Safe sex practices (condoms, contraception, HIV/AIDS)	☐ Seat belt / Safety Helmet	☐ Testicular self-exam
☐ Skin cancer prevention	☐ Motor vehicle safety (no texting & driving)	☐ Self-breast exam
☐ Smoking/vaping use/exposure	☐ Mental health (emotional support)	☐ Prenatal care / encourage breastfeeding

Tobacco Cessation Quit Date:

☐ Advised to quit smoking	☐ Discuss smoking cessation medication	☐ Discuss smoking cessation strategies

Next Appointment

☐ 1 year	☐ RTC PRN	☐ Other:

Documentation Reminders

☐ Staying Healthy Assessment / IHEBA forms reviewed, completed, dated & signed by provider	☐ Height / Weight / BMI measurements plotted in CDC growth chart	☐ Vaccines entered in CAIR (manufacturer, lot #, VIS publication dates, etc.)

MA / Nurse Signature	Title	Date
Provider Signature	**Title**	**Date**

Notes (include date, time, signature, and title on all entries)

Revised 6/1/22